

theatre, particularly the Guard and Reserve, which never get the attention that they should, shame on us. Shame on us.

The impact of these head injuries on our soldiers is serious, and with the explosions that are occurring, we are losing 80 percent of those who have lost their lives, 80 percent of our soldiers have died from IEDs, which are explosive devices, or from sniper shots to the back of the head, 80 percent. So the individual soldier is receiving these wounds largely in the head area, or if they have heard the explosive devices going off, they have had damage sometimes inside the head that you can't see. You can't see. So the Department of Defense should have a policy not to redeploy unless that soldier is reexamined.

It's almost like having shaking baby syndrome is what Mrs. Eckhart said to me, where after a baby has been damaged, unless they are really examined, sometimes you can't tell that there has been brain damage. It's no different for our soldiers. She begged me to change the policy of the Department of Defense in this regard.

In addition to that, I met so many soldiers who had come home because the unit returned in 2005, who had other symptoms that are not being treated. There is PTSD inside this particular battalion, but are doctors easily available to them? No. And are they available locally? No. If they are forced to travel somewhere because they are Reserve members, they have got to take off work. Guess what. They have to lose their pay because they have to go to get taken care of at a hospital 2, 3, 4 hours away from them. That's wrong. Those services should be provided to our soldiers when they are ill, particularly if they have something like PTSD, which demands such careful attention from a neuropsychiatrist and the distribution of medicines and the kind of therapeutic care that is important for them.

Another soldier came up to me. He had ripped cartilage and tendons in his knee. He has been home for over 1½ years. He said, Congresswoman, why didn't the DOD operate on me while I was in theater? He said, When I came home, they discharged me. He said, You know what? I came home. I am now in the Reserve. For me to get this taken care of, I will be off work for week. He said, I can't afford to do that. He said, Why didn't they tell me? Why didn't they tell me to take care of it while I was under the umbrella of the Department of Defense?

The PTSD and neurological disorders just in that unit, now that people have been home, while we were at the ceremony, several F-16 jets which are based near a school overhead, you could just see the reaction of the soldiers.

I would invite the President of the United States to urge the Senate of the United States to move that legislation so that we can move the resources we need into the Department of Veterans

Affairs and take care of the veterans of this country, over 100,000 of whom have come home now who are injured.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H. RES. 734, EXPRESSING THE SENSE OF THE HOUSE REGARDING WITHHOLDING OF INFORMATION RELATING TO CORRUPTION IN IRAQ

Mr. HASTINGS of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 110-382) on the resolution (H. Res. 741) providing for consideration of the resolution (H. Res. 734) expressing the sense of the House of Representatives regarding the withholding of information relating to corruption in Iraq, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2102, FREE FLOW OF INFORMATION ACT OF 2007

Mr. HASTINGS of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 110-383) on the resolution (H. Res. 742) providing for consideration of the bill (H.R. 2102) to maintain the free flow of information to the public by providing conditions for the federally compelled disclosure of information by certain persons connected with the news media, which was referred to the House Calendar and ordered to be printed.

GENERAL LEAVE

Mrs. JONES of Ohio. Mr. Speaker, let me seek unanimous consent that my colleagues will have 5 days within which to revise and extend their remarks on the subject matter of my Special Order.

The SPEAKER pro tempore (Mr. MITCHELL). Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

THE PRESIDENT'S VETO OF BIPARTISAN CHILDREN'S HEALTH INSURANCE BILL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentlewoman from Ohio (Mrs. JONES) is recognized for 60 minutes as the designee of the majority leader.

Mrs. JONES of Ohio. Mr. Speaker, I am pleased once again to host the Congressional Black Caucus message hour on Monday, the first hour of the week.

In the past weeks we have talked about all kinds of issues affecting the American people and have focused on issues particularly affecting African American families. Once again, however, we are compelled to this week focus in on the State Children's Health Insurance Program, which the President chose to veto a couple weeks ago.

This week on the floor of the House we will again be debating SCHIP and the President and our effort to override that veto. I am confident that my colleagues will join me in overriding that veto because they understand the importance of children in the United States having health care.

I am joined this evening by several of my colleagues who will be speaking on this very issue. And I also want to say on behalf of the Chair of the Congressional Black Caucus, CAROLYN CHEEKS KILPATRICK, who appointed me to lead this message hour. I want to thank the American public for listening in to our messages.

I am pleased at this time to yield to my colleague, my good friend, and my sister from Oakland, California, Congresswoman BARBARA LEE.

Ms. LEE. Mr. Speaker, first let me thank the Chair of the Congressional Black Caucus, Congresswoman CAROLYN CHEEKS KILPATRICK, for her leadership and for her vision in making sure that really the conscience of America is heard on these Monday nights. And also let me thank Congresswoman STEPHANIE TUBBS JONES for her leadership and for her vigilance and also, as a member of the Ways and Means Committee, for her strong voice on behalf of our country's children.

I rise tonight in strong support for overriding the President's misguided veto on the State Children's Health Insurance Program.

Does the President want to relegate parents of sick children to frantic calls to 911, late night visits to emergency rooms, and tragic and preventable deaths due to undiagnosed illnesses? The Congress must say no and override his veto Thursday so that our children have access to regular checkups, preventative care, and a primary physician.

We must stand with the American people who overwhelmingly support increasing access to children's health care. We must stand with nearly every single health organization, every single children's organization in America, like the American Medical Association, the American Academy of Pediatrics, the Children's Defense Fund, Easter Seals, the March of Dimes, and countless others who support their bill because they all understand the devastating impact of being uninsured.

We must stand with the largest health insurance trade association in the country, America's Health Insurance Plans, who praised expanding the State Children's Health Insurance Program as a vital step in ensuring the health security of millions of America's children.

Sadly, I believe, like many of us believe, that the President is totally disconnected from the reality of our children's lives. He has asked Congress for another \$190 billion, \$190 billion, to fund his occupation of Iraq, while he has vetoed a fraction of that amount for our children. This is a shortsighted assault on our Nation's children, and we cannot stand for it.

This program is one of the most successful programs in the Nation, and it should be reauthorized and it should be expanded.

When I was a State Senator in California, I helped write the California State program called Healthy Families, and now Healthy Families provides low-cost access to health care for over 800,000 children, more than any other State. The flexibility built into SCHIP has allowed California to provide access to health, dental, and vision coverage for children. And, also, let me just say that if this doesn't get overridden, we don't know what is going to happen in California, like in other States; so this needs to continue.

Comprehensive health coverage for children is also a very vital step towards eliminating the continuing health disparities that plague minority populations, including 800,000 Asian Pacific Americans, 1.4 million African Americans, and 3.4 million Hispanics.

Providing health care coverage for our children is one of the most cost-effective investments that America can make. Children are the least costly to provide coverage for, and giving children access to adequate primary health care will create a generation of healthier, better educated and, in the end, more productive adults.

It's mind-boggling that President Bush vetoed a children's health bill. It is a shame and disgrace that our children are not his priority. So the House must stand with America's 10 million children and vote "yes" to override his veto on Thursday. This is the right thing to do. Voting to override the President's veto is the moral and it is the ethical vote to cast. Our children deserve nothing less.

Let me thank my colleague again from Ohio, Congresswoman STEPHANIE TUBBS JONES, for making sure that the voice of children are heard once again on this floor.

Mrs. JONES of Ohio. I want to engage in a conversation with you just for a moment, Congresswoman LEE.

The cost of providing health care to children is \$3.50 per child. Now, those of us who drink expensive coffee spend more than that on a cup of coffee every day. And wouldn't it just make sense? With all due respect to President Bush, but on this issue he is just totally incorrect. And all the newspapers and organizations are saying just that, that he is incorrect.

Ms. LEE. He is totally incorrect, first of all, and I think that \$3.50 example explains why he's incorrect.

It is about priorities, Congresswoman TUBBS JONES. It is about where we put our tax dollars. Do we care about securing the future of our country? Do we care about our children's future? And that is what this is about. He has asked for \$190 billion, as I said earlier, to continue to fund this occupation in Iraq. Well, I would think that a pittance of that money, when we know how much this would cost, would go to cover our children. And our children deserve it.

Mrs. JONES of Ohio. Mr. Speaker, the amazing thing is he is trying to talk about this whole piece of being conservative, fiscally conservative in the dollars he is expending, but this President has put us in greater deficit than all the Presidents predating him. From George Washington on up to Bill Clinton, he has spent more money. So being fiscally conservative really doesn't make a whole lot of sense.

Ms. LEE. When the President took office, we had a surplus in our country, and now we are in a deficit spending mode. And I will tell you, it is mortgaging and making our children pay for the mistakes of this administration. So we have to dig ourselves out of this. And I think this is a first step to making sure that our children are healthy enough to move forward to be able to take over and try to help figure out how they can secure this country for America's families and children.

Mrs. JONES of Ohio. Thank you, Congresswoman LEE, for leadership in this area but also in the whole HIV/AIDS area. You are a beacon of light for the Congressional Black Caucus and for the Nation. So I thank you for joining me this evening, and I hope you have a great evening.

Ms. LEE. Thank you very much.

Mrs. JONES of Ohio. Mr. Speaker, one thing that we all know is that the Children's Health Insurance Program, the acronym which is SCHIP, State Children's Health Insurance Program, has always been a bipartisan piece of legislation. We have seen Governors from both parties across this country in strong support of the bill. Senate Republicans and Democrats have joined together on a veto-proof vote that the President has ignored. In the House we have strong bipartisan support as well.

I am pleased at this time to yield to my colleague and good friend from Brooklyn, New York, and I hate that we beat the Yankees, but my good friend from New York, YVETTE CLARKE.

Ms. CLARKE. Mr. Speaker, I want to thank the gentlewoman from Ohio for her leadership and for being here to give guidance during this hour for the CBC. And I want to thank our chairwoman, Ms. CAROLYN KILPATRICK, for seeing fit to add this particular perspective to the conversation that we are having with our Nation around the Children's Health Insurance Program in our States.

□ 2000

And, Mr. Speaker, I'm elated to stand with my colleagues today to once again voice my support, my wholehearted support for children's health insurance coverage, also known as SCHIP.

Just over a week ago, the President vetoed bipartisan legislation that would have provided 10 million American children health coverage through SCHIP. Since the beginning of my tenure here, you know I'm a freshman, in this 110th session, this is the second time the President has vetoed impor-

tant health care legislation with broad bipartisan support; the other veto being an expansion of potentially life saving stem cell research.

Mr. Speaker, it is my honor and duty to stand with my fellow Democrats, telling this administration that this veto will not deter nor distract us from protecting the health and well-being of our children.

The people that I represent in central Brooklyn have spoken loud and clear, and so has the rest of America. Republicans and Democrats alike have expressed their dismay with the President's decision to veto this bipartisan legislation. Additionally, the country overwhelmingly supports the Children's Health Insurance Program. A recent Washington Post-ABC News poll indicates that 72 percent of the country supports the extension and reauthorization of the CHIP program. Governors of both parties across the country support the bipartisan bill.

Now, following the veto, the fight for health insurance for 10 million low-income children moves back to this body where the hard work of rebuilding and building consensus among both Democrats and Republicans has already taken place. Now, the rubber-stamp Republicans who have sided with the President and are standing between 10 million low-income children and their health care must hear from the American people. We will override the President's rejection of health coverage for 10 million children, but the voices of the American people must be heard by those in Washington.

SCHIP was created to provide health care coverage for children and families who earn too much to qualify for Medicaid, but not enough to afford private insurance. It costs, as my colleague, STEPHANIE TUBBS JONES, has already stated, less than \$3 a day to cover a child through the Children's Health Insurance Program.

Ensuring kids is also cost-effective for taxpayers, who pick up the tab for indigent care in emergency rooms, the most expensive way to care for a child's health, as well because a healthy child is more likely to succeed in education and life.

Over the last 10 years, the children's health program has proven to be popular and successful, with 6 million children now enrolled in the program. The bipartisan children's health insurance bill has broad bipartisan support. It's supported by 68 Senators, including 18 Republicans; it's supported by 43 Governors, including 16 Republicans; it's supported by more than 270 organizations representing millions of Americans; and it's supported by a strong majority of the American people.

This bipartisan bill renews and improves the Children's Health Insurance Program, providing health care coverage for 10 million children, preserving coverage for 6 million children currently covered by SCHIP, and extending coverage to nearly 4 million uninsured children according to the nonpartisan CBO.

Ironically, this morning I had an opportunity, along with my colleague, NYDIA VELÁZQUEZ, to attend a press conference hosted by the Working Families Party, ACORN, SCIU and Mothers in Our Community to reach out to a corporation in New York called KKR in midtown Manhattan. This is an investment firm that owns Toys-R-Us and Dollar General. These two toy retailers have already subjected America's families to massive and unprecedented recalls of millions of poisonous lead toys that have flooded the market. This is a great concern. If we don't get a commitment for a code of conduct protecting our children from lead poison, our holiday toy-buying season could mean putting the health of millions of American children at risk.

This concern is compounded by this administration's reckless disregard for our most vulnerable, our children. Just imagine the confluence of two of these things happening at the same time. Right now, parents and families, mothers are concerned about lead-tainted toys. And at the same time, when we need health care coverage that can identify lead poisoning, that can help to ameliorate some of those concerns, because, on the one hand, our safety is not being protected through the consumer protection, we need to have SCHIP in place.

Two-thirds of uninsured children are currently eligible for SCHIP or Medicaid. This bill is simply designed to give States the resources and incentives to enroll children who are eligible but not signed up for SCHIP and Medicare.

Mr. Speaker, I just wanted to be here to say that when we look at communities of color, in particular, black communities across this Nation, it has been this type of safety net health care that enables our communities to grow from strength to strength. These are just those American policies we need to give our families the boost they need so that when children go to school with asthma, they can be treated, they don't have to be out for days on end. When our children have hepatitis, tuberculosis, when they have any type of communicable disease, these diseases can be treated quickly before they reach the level of crisis in the emergency room.

SCHIP gives us that tool to be able to make sure that Americans are safe and secure, that their health and well-being is something that we all value as part of the American fabric of who we are.

And so I want to thank you, STEPHANIE TUBBS JONES, for anchoring this hour for the CBC. When we think about our communities and how critical this legislation is, not only for our communities, but for all Americans, this transcends race, ethnicity, gender. It's American children. I want to thank you for giving me the opportunity to share this time with you.

Mrs. JONES of Ohio. The people of Brooklyn need to know that this con-

gresswoman has come in here, put her running shoes, we call them high-heeled sneakers, put those running shoes on and really has done a fantastic job. We're so very proud of what she's doing, the leadership she's showing; and I thank you for joining me for this message hour this evening.

Ms. CLARKE. Thank you very much.

Mrs. JONES of Ohio. SCHIP, one of the best ways to deliver health care to America's children. SCHIP, one of the best ways and cost-effective ways to deliver health care.

You know, I was stunned when I heard President Bush tell the people of America, well, these children have health care already; all they have to do is go to an emergency room. I don't know how many of you had the opportunity, just very recently, to see the news show talking about how the emergency rooms in this country are overlaid and overburdened by so many people coming into emergency rooms across the country.

In my efforts of obtaining earmarks over the past 4 years in my congressional district, I have sought money for improving the emergency rooms in several hospitals in my congressional district. I've been in the emergency room. I've been there, and the pictures show it, where there are people laying on gurneys in the hallways because there are not enough private spaces for them to use. There are children, seniors, people of all ages in these hospitals and using the emergency room as their primary care. Emergency rooms were created just for that, emergencies, not for the delivery of ongoing preventative care.

And the only way that we can make sure that our children are more healthy, the only way that we can ensure that children who are being educated, they have to be healthy in order to get a good lesson. That's why we started Head Start and we started lunch programs and breakfast programs at school so that children could go to school and they wouldn't be hungry. So now that we're feeding them and they go to school and they're not hungry, we ought to make sure they have health care coverage so they go to school healthy.

And I don't know how many of you there are listening, but I know you've heard the story where your granddaughter or your niece or your nephew or your child goes to a day care facility for the first time and they come home with all kinds of whooping cough or something, running noses, and it's because a lot of young children come to day care without having received any health care. It will make a real difference in the lives of a lot of people if we provide health care to our children, and particularly preventative health care.

The other reason it becomes so important is that an unhealthy child is not going to be able to pay attention in school. An unhealthy child who is not paying attention in school, is not doing

well, is unlikely to do well in junior high school, unlikely to do well in high school, unlikely to make it to college. It may be the precursor to dropping out for a number of children here in the United States of America. And that is why this issue becomes so very important and vital to all of our communities.

Let me just read to you some of the things that some of the national newspapers have said about SCHIP. The Miami Herald said: "Vote to Override the Veto of Children's Health Bill." "President Bush's veto of the children's health insurance bill is like Imelda Marcos denying a barefoot child a pair of shoes." That makes me laugh because I think about all my girlfriends who have lots of shoes, and they're much like Imelda Marcos. "The President complains that expanding health care coverage for low-income children will cost too much and lead to socialized medicine. Neither assertion is true. Now it's up to Congress to override this veto. We urge the Representatives who voted against the bill, most of them Republican, to reconsider. Instead of supporting the questionable priorities of a lame-duck President, they should vote to improve the health prospects of low-income children."

The St. Louis Post-Dispatch said: "Some People, All the Time." "Caring for and protecting children is among the highest values of society, and one of its most crucial obligations. On Wednesday, President Bush vetoed a bill to renew and extend the reach of a program that provides health insurance to American children whose families can't afford it or can't get it at any price. Congress now must stand up for children's health and override the President's veto. Mr. Bush's misleading rhetoric calls to mind the warning about gullibility made by a very different Republican President, Abraham Lincoln. As Congress prepares to override the President's veto, those who voted against the SCHIP plan should take care to ensure that they're not fooled all the time."

The Philadelphia Inquirer: "The SCHIP Veto: Children Last." "There was no convincing reason for President Bush to deliver on his long-standing threat of veto for the SCHIP bill other than that he hoped to score political points. Bush's stated reason for opposing the congressionally approved \$35 billion increase in the program was that somehow it was a step towards socialized government-run medical coverage benefiting low-income families. That doesn't square with the facts, since most of the kids helped by the program are in working-class households. And it doesn't jive with the widespread support for SCHIP among the American public, not to mention the impressive number of Republicans who backed the veto measure. So it's difficult to see how the President's strategy on SCHIP puts any more children first."

The Columbus Post-Dispatch: "Veto Lament." "President Bush's veto yesterday of the expansion of SCHIP not only leaves millions of children without health care coverage; it can leave many of Bush's fellow Republicans exposed to political attacks in next year's election. Bush said the expansion passed by Congress would cost too much. At \$35 billion over 5 years, it certainly is expensive, but this investment in the health of America's children will pay big dividends. Healthy children do better in school and in life. And those who get well-child care in a doctor's office take some of the burden off the Nation's crowded emergency rooms, saving on medical costs overall. Congress' plan, which has the support of the public and backers from both sides of the aisle, would add 4 million children to the rolls."

The Seattle Post Intelligencer: "Children's Health: Overturn the Veto."

It said: "In vetoing a much-needed expansion of children's health coverage, President Bush distorted the issues, put partisanship over compassion, and defied the goodhearted will of the public."

And finally, in terms of newspaper endorsements, Waterloo-Cedar Falls Courier of Iowa: "Bush Should Have Compromised on SCHIP Program." "President Bush's veto Wednesday of a bill that could have dramatically expanded children's health insurance came as no surprise. He had promised to do so even before a compromise was hammered out in Congress. Bush's determination, in the face of bipartisan support for the bill and with polls showing the bill is favored by nearly two-thirds of Americans, is troubling."

All of these newspapers have said pointblank that President Bush is wrong on this issue, that President Bush should not use this as a political partisan dagger, that he should move forward and allow the children of America across the board to have access to health care coverage.

□ 2015

The other reason this bill becomes so very important is because a lot of employers no longer are providing health care coverage for their employees. A number of employees can't afford the health care coverage that employers provide. So it is particularly important for these young children to have access to well care, as well.

Let me tell you what Senator CHARLES GRASSLEY, Republican, said, "The President's understanding of our bill is wrong. I urge him is to reconsider his veto message." Senator ORRIN HATCH, another Republican, said, "We are talking about kids who basically don't have coverage. I think the President had some pretty bad advice on this." I want to echo that. I think whoever is advising President Bush on this issue is doing a detriment to the President as well as a detriment to the people of America. Senator SUSAN COL-

LINS, a Republican, has said, "I can't believe the President would veto a program that benefits low-income children." I couldn't believe it either, Senator COLLINS. He should not have vetoed it. But he did. So our job, as Members of Congress, is to override this veto on Thursday of this week.

Today, 50 million Americans have no health insurance. That includes more than 8 million children. Eight out of the 10 uninsured Americans either work or are in working families. Jesse Jackson, when he was running for President, Rev. Jackson, used to use the term the "working poor." They get up every morning. They go to work. They work 40, 50 hours a week. They come home every evening. The kind of money that they are receiving, even with the increase in minimum wage, still puts them below or within 200, 250 percent of poverty. So not only do we have poor people who are with no income or low income, we have working poor who need health care coverage.

My colleague, BARBARA LEE, spoke to earlier the whole issue of disparity in health care. The studies say that an African American male and a Caucasian male can have the same health care coverage but that the delivery of that health care to the African American male is less than the delivery to the Caucasian male. There are all kinds of disparities in what is going on in health care in our Nation, and this is one of the ways that we can level the playing field. We can get rid of some of the disparities within our support of SCHIP.

Being uninsured means going without needed care. It means minor illnesses become major ones because care is delayed. Tragically, it also means that one significant medical expense can wipe out a family's life savings. Right now, everybody is talking about the problem with the mortgage industry, and one of the reasons there are a significant number of foreclosures and bankruptcies is because there are families who have had to pay for health care coverage, and as a result of being required to pay for health care coverage, they are losing their houses. That should not be happening. There are millions of working uninsured Americans who go to bed every night worrying what will happen to them and their families if a major illness or injury strikes.

In Ohio, my home State, there are currently 1,362,000 uninsured. It is an increase of 18,000 people since 2003. We have also seen this drain on many of the local hospitals in my district when people are forced to use emergency rooms. The problem is getting worse. As the price of health care continues to rise, fewer individuals and families can afford to pay for coverage. Fewer small businesses are able to provide coverage for their employees, and those that do are struggling to hold on to the coverage.

It is a problem that affects all of us. We cannot sit idly by while the people

of this country continue to go without health care coverage. We must continue to push. And today is Monday. On Thursday, this House will vote to override the veto of SCHIP. Those of you who are listening across this country, if you have not contacted your Member of Congress, if you have not contacted your Senator and said to them that they need to vote to override this veto, I encourage you to fax, call, e-mail, stop by the office, whatever you need to do so that we can advocate on behalf of our people. This will be an opportunity this week for the people of America to stand up and say to this President that health care is a priority for us. But more importantly, health care coverage for our children is our highest priority.

I am pleased to have had the opportunity to work on the Health Subcommittee of the Ways and Means Committee. I wanted to get on that committee because that is an opportunity for me to be engaged in long-term policy development of health care in this country. In my congressional district, the largest employers are the health care industry. We have a large number of hospitals. I want to work to assure the people of the 11th Congressional District that they are going to have access to health care. I want to work to assure that people of America, black, white, brown, yellow, that we are working in order to make sure that they have health care coverage.

It has been a privilege to serve on the Health Subcommittee with my good colleague, PETE STARK, from California and a privilege to serve on the Ways and Means Committee under the leadership of CHARLES RANGEL. I have the privilege of leading this Special Order, this message on behalf of the Congressional Black Caucus and our leader CAROLYN CHEEKS KILPATRICK. It is so very, very important that we continue, the Congressional Black Caucus continues to lead on these issues. I am pleased to have the opportunity to lead this message hour in and around SCHIP this week.

Again, everyone needs to pay attention to this issue and pull out all the stops and say to President Bush that we are going to override your veto. We understand that you have chosen to go down the wrong path, that you are reaching out to the wrong people and supporting the wrong people. And you are overlooking the most important group of people in our country, and that is our children.

Ms. JACKSON-LEE of Texas. Mr. Speaker, let me thank my dear friend, Ms. TUBBS JONES of Ohio, for organizing this special order on the very important subject of SCHIP Reauthorization. I have very serious concerns about the compromised SCHIP legislation that will come before this House later this week. My major concern is that the version of the legislation that will come before the House in response to the President's veto will be even less expansive than the version the House voted on previously.

This is extremely important because reauthorization of SCHIP is crucial to closing the

racial and ethnic health disparities in this country. Narrowing health care coverage of our children, as this newly agreed upon version does, clearly falls far short of the goal that we had hoped for in our efforts to decrease health disparities. It is crucial that this Congress continue to bring awareness to the many health concerns facing minority communities and to acknowledge that we need to find solutions to address these concerns. My colleagues in the Congressional Black Caucus and I understand the very difficult challenges facing us in the form of huge health disparities among our community and other minority communities. We will continue to seek solutions to those challenges.

Reauthorization of the SCHIP is crucial to realizing those solutions. However, we must not compromise away the health of millions of children who will under this new SCHIP version go without health care coverage. It is imperative for us to improve the prospects for living long and healthy lives and fostering an ethic of wellness in African-American and other minority communities. I thank all of my CBC colleagues who have been toiling in the vineyards for years developing effective public policies and securing the resources needed to eradicate racial and gender disparities in health and wellness.

We know that the lack of healthcare contributes greatly to the racial and ethnic health disparities in this country, so we must provide our children with the health insurance coverage to remain healthy. SCHIP, established in 1997 to serve as the healthcare safety net for low-income uninsured children, has decreased the number of uninsured low-income children in the United States by more than one-third. The reduction in the number of uninsured children is even more striking for minority children.

In 2006, SCHIP provided insurance to 6.7 million children. Of these, 6.2 million were in families whose income was less than \$33,200 a year for a family of three. SCHIP works in conjunction with the Medicaid safety net that serves the lowest income children and ones with disabilities. Together, these programs provide necessary preventative, primary and acute healthcare services to more than 30 million children. Eighty-six percent of these children are in working families that are unable to obtain or afford private health insurance. Meanwhile, health care through SCHIP is cost effective: it costs a mere \$3.34 a day or \$100 a month to cover a child under SCHIP, according to the Congressional Budget Office. There are significant benefits of the State Children's Health Insurance Program when looking at specific populations served by this program.

MINORITY CHILDREN

SCHIP has had a dramatic effect in reducing the number of uninsured minority children and providing them access to care:

Between 1996 and 2005, the percentage of low-income African American and Hispanic children without insurance decreased substantially.

In 1998, roughly 30 percent of Latino children, 20 percent of African American children, and 18 percent of Asian American and Pacific Islander children were uninsured. After enactment, those numbers had dropped by 2004 to about 12 percent, and 8 percent, respectively.

Half of all African American and Hispanic children are already covered by SCHIP or Medicaid.

More than 80 percent of uninsured African American children and 70 percent of uninsured Hispanic children are eligible but not enrolled in Medicaid and SCHIP, so reauthorizing and increasing support for SCHIP will be crucial to insuring this population.

Prior to enrolling in SCHIP, African American and Hispanic children were much less likely than non-Hispanic White children to have a usual source of care. After they enrolled in SCHIP, these racial and ethnic disparities largely disappeared. In addition, SCHIP eliminated racial and ethnic disparities in unmet medical needs for African American and Hispanic children, putting them on par with White children. SCHIP is also important to children living in urban areas of the country. In urban areas: One in four children has healthcare coverage through SCHIP. More than half of all children whose family income is \$32,180 received healthcare coverage through SCHIP.

TEXAS CHILDREN

The reauthorization of SCHIP is crucial for children in Texas. Texas has the highest rate of uninsured children in the nation, and Houston/Harris County the highest in the state. The SCHIP would go a long way to provide coverage for the 585,500 children enrolled in Texas's CHIP program; and to reach the 998,000 children in families with incomes under the 200 percent Federal Poverty Level (FPL) who remain uninsured.

Almost 40 percent of young children in Houston lack immunizations that help prevent deadly childhood illnesses like measles, mumps, pneumococcal disease and whooping cough. I applaud the efforts of the Houston Department of Health and Human Services (HHDHS), the Harris County Public Health and Environmental Services (HCPHES), the Texas Department of State Health Services (DSHS), Texas Children's Hospital, the Rotary Club of Houston, and the national organization Every Child By Two (ECBT) who have created a new partnership and campaign, "Immunize On Time, Every Time" to increase vaccination rates among Houston's infants and toddlers. To sustain programs such as these, we need to provide our children with the health insurance coverage they so desperately need and deserve.

According to the Immunization Bureau, Houston Department of Health and Human Services, Houston's childhood immunization rates are below average for both Texas and the country, leaving our children—and our wider community—vulnerable to potentially life-threatening illnesses.

In Texas, the SCHIP bill is the only hope for securing health care and increasing the quality of all aspects of health care for our children. Far too often in Texas, those who lack health care coverage frequently delay seeking medical care until they are seriously ill. That fact does nothing more than exacerbate the health care problem because it leads to the overload of emergency rooms which are required by law to treat them even if the patient has no ability to pay. Since emergency care is far more expensive than a scheduled visit to a doctor or clinic, hospitals end up with large costs that they, in turn, pass on to insured patients using their overtaxed facilities. As a result, insurance companies raise their rates even higher to cover the increased payouts, making their policies too expensive for more working families. The result is a health care

system spiraling out of control and more children left unprotected and in poor health. Reauthorization of SCHIP would reverse this trend.

CHILDREN IN URBAN AREAS

SCHIP is also important to children living in urban areas of the country. In urban areas: One in four children has healthcare coverage through SCHIP. More than half of all children whose family income is \$32,180 received healthcare coverage through SCHIP.

CHILDREN IN RURAL COMMUNITIES

SCHIP is significantly important to children living in our country's rural areas. In rural areas: One in three children has health care coverage through SCHIP or more than half of all children whose family income is under \$32,180 received healthcare coverage through Medicaid or SCHIP. Seventeen percent of children continue to be of the 50 counties with the highest rates of uninsured children, 44 are rural counties, with many located in the most remote and isolated parts of the country. Because the goal is to reduce the number of uninsured children, reauthorizing and increasing support for SCHIP will be crucial to helping the uninsured in these counties and reducing the 17 percent of uninsured.

Mr. Speaker, I would much rather have extended the deadline for reauthorization of SCHIP, while we diligently and reasonably consider the unsettled issues in this debate so that millions of the most vulnerable population, including many African American and other minority children can receive the health care coverage they need to remain healthy and develop into productive citizens of this great country. It is not as important to reauthorize an inferior bill under pressure of fast-approaching deadlines, as it is to ensure that we provide health care to those children who remain vulnerable to health disparities. I urge my colleagues to join me in ensuring health care coverage for millions of children and reducing health disparities among the most vulnerable populations.

I will continue to fight vigorously to ensure that we provide health coverage for millions of this nation's uninsured children. As leaders of this great nation, we have no other choice. The health of our children should not be compromised while we spend billions of dollars in other countries in the name of ensuring the health and safety of our international neighbors. While it is honorable to love thy neighbor as thyself, charity must certainly begin at home.

There is no reason why this country should continue down a dreadfully deleterious road of denying healthcare to any citizen of this country who needs it. Many of the health conditions, such as diabetes, obesity, kidney failure, cancer, hypertension and HIV/AIDS, the prevalence of which plagues minority communities most, could be curtailed or even prevented if everyone had access to health insurance. I will continue to fight hard for the most effective policy measures that aim to narrow the racial health disparity gap.

Mrs. JONES of Ohio. Mr. Speaker, I am very pleased to have been granted this message hour, and I am very pleased to yield back my time early so that the next Special Order can begin.